



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600003

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRODES INC.

DOING BUSINESS AS

ADDRESS 80 BROADWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: TRODDEN,  
DENNIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

Lounge with food service

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600006

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN LODGE #1910 LOYAL ORDER OF MOOSE INC.

DOING BUSINESS AS

ADDRESS 562 BROADWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: DORAZIO, HENRY TYPE OF LICENSE: Club  
R.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT LOCATED ON ELWELL AND BROADWAY. ENTRANCE FROM  
PARKING LOT ON ELWELL ST., ONE INTO MAIN HALL AND ONE INTO CLUB QUARTERS  
ON BACK SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600007

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R G M ENTERPRISES, INC

DOING BUSINESS AS SIX TWENTY ONE TAVERN & GRILLE

ADDRESS 621 BROADWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: DEVINCENTIS, PA TYPE OF LICENSE: Restaurant  
UL

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600008

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BROADWAY FOODS INC.

DOING BUSINESS AS RAIN

ADDRESS 665 BROADWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: NAPOLI,  
RAYMOND

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, KITCHEN, MEN'S AND WOMEN'S REST ROOMS, STORE ROOM, 26 X 46  
ADDITION ON NORTHERLY END TO EXISTING COCKTAIL LOUNGE AND RESTAURANT  
AREA. INCLUDES BOWLING ALLEY AND THREE EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600009

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALEY CAFE INC.

DOING BUSINESS AS ANTHONY'S OF MALDEN

ADDRESS 105 CANAL ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: SPADOFORA,  
ALBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES AND TWO EXITS, FIVE ROOMS ON THE FIRST FLOOR WITH A SECOND FLOOR FUNCTION HALL.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600011

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN/DOCKSIDE, INC.

DOING BUSINESS A DOCKSIDE AT MALDEN A SPORTS REST. & BAR

ADDRESS 229 CENTRE ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: URBACZEWSKI,  
PATRICIA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST Floor, DINING ROOM, KITCHEN APPROX. 2000 SQ FT. SEATING 230.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600012

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN DIV.#12 ANC.ORDER HIBER.BLD.ASSN.INC.

DOING BUSINESS A

ADDRESS 259 CHARLES ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: MCKINNON, PAUL TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES, TWO EXITS, TWO FLOORS AND CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600013

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN POST #639 V.F.W. OF U.S. INC.

DOING BUSINESS A

ADDRESS 36 CRYSTAL ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: generkerler, stacy

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT DOOR, ONE REAR DOOR, TWO SIDE DOORS, TWO FLOORS, FIRST FLOOR:  
LARGE HALL AND LOUNGE, SECOND FLOOR: CLUB ROOMS AND BAR AREA AND  
MEETING ROOM.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600019

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NICK STONE, INC.

DOING BUSINESS AS NO.9, THE ALE HOUSE GRILL

ADDRESS 118 FERRY ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: NICK LUCIANI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE & FIRE EXIT IN FRONT BACK DOOR FROM KITCHEN W/ ANOTHER FIRE EXIT. BASEMENT FOR STORAGE -NOT PUBLIC

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600020

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN LODGE #965 B.P.O.ELKS

DOING BUSINESS A

ADDRESS 37 FLORENCE ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: GOGGIN, KEVIN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ENTRANCES, 3 EXITS IN 2 FLOORS, 1ST. FL. (BASEMENT) BAR, BILLIARD, T.V. ROOM AND LADIES LOUNGE, SECOND FLOOR- LODGE HALL, OFFICE, COAT ROOM AND KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600024

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAPA'S BAR & GRILLE, INC

DOING BUSINESS AS

ADDRESS 206-08 HIGHLAND AVE.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: MCGOVERN,  
BERNARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF A 2 1/2 STORY BLDG WITH TWO ENTRANCES ON HIGHLAND AVE AND  
TWO FROM THE PARKING LOT ON RICHARD ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600027

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PROVO CORP..

DOING BUSINESS A Patrick's

ADDRESS 036-40 LEBANON STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: PROVITOLO,  
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600028

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 485 LYNN STREET, LLC

DOING BUSINESS A MORRISON'S

ADDRESS 485 LYNN ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: RECIGNO, JOSEPH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM CONTAINING BAR AREA, PANTRY, RESTROOMS STORAGE AREA IN CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600034

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRATERNAL ORDER OF EAGLES MALDEN AERIE #893

DOING BUSINESS A

ADDRESS 75 MERIDIAN ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: BROOKS, ROCKY TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BASEMENT, BUFFET ROOM, TV, CARD ROOM, MAIN HALL, LADIES AND MENS  
RESTROOMS, CLOAK ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600035

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN POST#16 IT.AM. W.W.V.OF U.S.BLDG.ASSN.

DOING BUSINESS A

ADDRESS 40 OAKLAND ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: SALDUTTI,  
SAMUEL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

VETERANS QUARTERS LOWER LEVEL WITH BAR. FUNCTION HALL UPPER LEVEL WITH  
BAR, KITCHEN, CHECK ROOM, REST ROOMS, TABLES AND CHAIRS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600036

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ITALIAN AMERICAN CITIZENS CLUB OF WARD #2 INC

DOING BUSINESS AS

ADDRESS 121 PEARL ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: GENNETTI, HENRY TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ENTRANCES, 4 EXITS, 2 FLOORS, 2 ROOMS. 2ND FLR; BANQUET ROOM, STREET FLOOR AND CELLAR FOR STOCK ONLY. FENCED IN COURTYARD WHICH IS ADJACENT TO THE EXISTING CLUB HOUSE AND WHICH ABUTS PEARL STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600040

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FABRANCA LLC

DOING BUSINESS AS FIZZ ED'Z

ADDRESS 142 PLEASANT ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: CAGNO, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO MEANS OF EGRESS IN FRONT EMERGENCY EXIT IN BACK, TOTAL OCCUPANCY 116,  
DINING ROOM 104, BAR STOOLS 12. ADDITION OF FUNCTION ROOM SEATING 60,  
WAITING AREA WITH A SERVICE BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600042

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN POST #69 THE AMERICAN LEGION INC.

DOING BUSINESS AS

ADDRESS 368 PLEASANT ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: CARNEAU, ALLEN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SIDE AND FRONT ENTRANCES & EXITS TO BLDG., WITH A SIDE AND REAR ENTRANCE AND EXIT TO MAIN HALL, SIDES & REAR ENTRANCE AND EXIT TO BASEMENT WHERE CANTEN BAR IS LOCATED.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600044

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARBONE, LLC

DOING BUSINESS AS SALEM WOOD CAFE

ADDRESS 383-85 SALEM ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: WORTH,  
MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH A KITCHEN AND BASEMENT FOR STORAGE, 2 ENTRANCES ON SALEM STREET WITH A REAR ENTRANCE. FULL BASEMENT WITH REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600045

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALBEN, INC.

DOING BUSINESS AS PEARL STREET STATION

ADDRESS 53 SUMMER ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: ROBBAT, ALAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK CONSTRUCTION, 2 ENTRANCES IN FRONT OF BLDG. 2 EXITS IN REAR OF BLDG.,  
STREET LEVEL FLOOR, CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600046

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EAST SIDE ATHLETIC ASSN. OF MALDEN INC.

DOING BUSINESS AS

ADDRESS 14 WEBSTER COURT

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: EASON, RICHARD TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES, 3 EXITS ON FIRST FLOOR, ONE EXIT ON SECOND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600047

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN VETS. OF IRISH ANCESTRY INC.

DOING BUSINESS AS MALDEN VETS OF IRISH ANCESTRY INC.

ADDRESS 177 WEST STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: HART, WILLIAM TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE, BACK AND SIDE EXIT, ONE FLOOR TWO ROOMS, BAR NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600048

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LT.DEXTER W.CLIFFORD CH.#85 D.A.V.BLDG.CORP.

DOING BUSINESS A

ADDRESS 85 WILLOW ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: OLSON, DEBORA TYPE OF LICENSE: Club  
L.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FRONT DOOR, 3 SIDE DOORS, 1 BACK DOOR, 2 FLOORS FIRST FLOOR, HAS MAIN ROOM WITH THREE SIDE ROOMS AND OFFICE, ONE BOILER ROOM, SECOND FLOOR MAIN HALL, KITCHEN, TWO RESTROOMS, AND COATROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600049

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GIRISH N PATEL

DOING BUSINESS AS OAK GROVE VARIETY

ADDRESS 9A GROVE ST.

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: PATEL, GIRISH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT 70 FEET, DEPTH 45 FEET, 2 EXITS, 2 DOORS BOTH IN FRONT OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600050

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLARK'S LIQUORS, INC

DOING BUSINESS AS KAPPY'S

ADDRESS 325 BENNETT HIGHWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: SELBY, ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE, REAR DOOR FOR DELIVERIES ONLY. ONE ROOM ON FIRST FLOOR, LOFT ABOVE FOR STORAGE ONLY. NO CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600051

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOCKE LIQUOR STORE, INC

DOING BUSINESS AS

ADDRESS 48 BROADWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: WEINER,  
KENNETH M

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, FIRST FLOOR OFFICE AND STORAGE PLACE, SECOND FLOOR STORAGE,  
THREE ENTRANCES, MAIN ENTRANCE AND EXIT AND TWO REAR RECEIVING DOORS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600052

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN & MELROSE LIQ MART, INC

DOING BUSINESS AS M & M LIQUORS

ADDRESS 619 BROADWAY

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: MCQUEEN,  
ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH MEZZANINE. FRONT AND BACK DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600053

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DE MARCO PRODUCE CO,INC

DOING BUSINESS A ROSEBUD FARMS

ADDRESS 333 COMMERCIAL ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: DEMARCO,  
CHARLES

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM AND WARHOUSE FOR STOCK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600054

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARY, INC.

DOING BUSINESS AS ROBINSONS NEWS AGENCY

ADDRESS 1566 EASTERN AVE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: PATEL, ARVIND K. TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEWS AGENCY, CONVENIENCE STORE. ONE FLOOR ONE MAIN ENTRANCE, TWO SIDE EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600056

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Mahir, LLC

DOING BUSINESS AS LYON'S LIQUORS

ADDRESS 188 FERRY ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: Patel, Ashish B.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FIRST FLOOR, 1350 SQ FT CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600057

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Jamba J Corp

DOING BUSINESS A PUMPSY'S LIQUORS

ADDRESS 271 HIGHLAND AVE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: Hogan, Ronald

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE LEVAL WITH BASEMENT CINDER BLOCK CONSTRUCTION TWO ENTRANCES  
AND EXITS. RELOCATION OF EXISTING STAIRWAY, INSTALLATION OF WALK IN  
COOLER, NEW SIGNS, NEW AWNINGS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600059

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAIN ST BOTTLE STORE,INC.

DOING BUSINESS A KAPPYS LIQ MART

ADDRESS 77 COMMERCIAL ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: KOHUT, LEO

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM WITH REAR ROOM AND SECOND FLOOR FOR STORAGE. ONE ENTRANCE AND TWO REAR DOORS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600060

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAIN ST BOTTLE STORE,INC

DOING BUSINESS A KAPPYS LIQ MART

ADDRESS 746 MAIN ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: KAPLAN, RALPH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600061

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RICCIS LIQUOR MART, INC

DOING BUSINESS AS

ADDRESS 834 MAIN ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: RICCI, KENNETH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE, TWO EXITS, THREE ROOMS ON THE FIRST FLR FLOOR, ONE FOR  
DISPLAY AND SALES AREA ONE ROOM FOR STORAGE AREA, ONE FOR COOLER.  
BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600062

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JRS LIQUORS, INC,

DOING BUSINESS AS EDGE LIQUORS

ADDRESS 381-85 MEDFORD ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: PATEL, PARITOSH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE AND SIDE ENTRANCE FOR DELIVERIES, ONE STOREROOM IN REAR,  
ONE ENTRANCE, EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600063

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 375 SALEM ST MARKET, INC

DOING BUSINESS A SALEM MARKET

ADDRESS 375 SALEM ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: DANG,TRINH V.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE COMPRISING OF APPRX. 2000 SQ. FT. WITH FRONT AND REAR EXITS AND FULL BASEMENT. PREMISES HAS SECURITY GRILLS ON DOORS AND WINDOWS AND SECURITY FLOOD LIGHTS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600065

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JEWEL ENTERPRISES, INC.

DOING BUSINESS AS SUNNYHURST FARMS

ADDRESS 19 25 LEBANON ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: SAEED, JEWEL

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR STORE PREMISES, AND CELLAR BELOW FOR STOCK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600066

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DCK ENTERPRISE, INC.

DOING BUSINESS AS VERNON LIQUOR

ADDRESS 673 EASTERN AVE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: CHUNG H. KIM

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE AND EXIT AT FRONT OF PREMISES AND ONE EXIT IN REAR OF BUILDING FOR RECEIVING MERCHANDISE, ONE ROOM AND BACK ROOM ON STREET FLOOR AND PORTION OF BASEMENT FOR STOCK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600081

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MALDEN EMERGENCY CENTER, INC

DOING BUSINESS AS JACKSON SUITE

ADDRESS 114 CENTRE ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: TULLY, KEVIN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4400 SQ FT HALL, CAPACITY 275 PEOPLE, LOCATED INSIDE JACKSON PARKING GARAGE.  
HALL ENTRANCE LOCATED ON GROUND FLOOR. FRONT ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600082

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PACKAGING CENTER, INC

DOING BUSINESS AS STOP & SHOP

ADDRESS 99 CHARLES ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: COVENO, MARK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A SUPERMARKET PREMISE. ONE FLOOR

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I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600083

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DIAL DELLA CORPORATION

DOING BUSINESS AS JOTI PALACE

ADDRESS 308 MAIN ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: SINGH, DIAL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF BASEMENT, ONE LARGE DINING HALL WITH ONE MAIN GLASS DOOR  
ENTRANCE ON MAIN STREET AND EXIT THROUGH KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600085

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.N. BROTHER, INC.

DOING BUSINESS AS SUN KONG RESTAURANT

ADDRESS 275 EASTERN AVE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: YUEN, DANNY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

CHINESE RESTAURANT, BAR LOUNGE WITH ONE FRONT MAIN ENTRANCE/EXIT ONE SIDE HANDICAP RAMP ENT/EXIT AND 2 REAR ENT/EXITS IN THE KITCHEN FOR DELIVERY AND EMPLOYEES. THERE ARE 2 PARKING LOTS WHICH ONE IS LOCATED ON EACH SIDE OF THE RESTAURANT. THE DUMPSTER AND GREASE BARRILS ARE LOCAATED IN THE REAR WHICH ARE FENCED IS. FLOOR PLAN SUBMITTED WILL BE THE CURRENT LAYOUT AS RENOVATIONS HAVE BEEN APPROVED AND FINISHED.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600088

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AAPTA LLC

DOING BUSINESS AS ONE STOP MART

ADDRESS 33 PLEASANT ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: MEHTA, JAGRUTI TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED ON THE GROUND FLOOR. ONE ENTRANCE ON PLEASANT ST AND A SERVICE  
ENTRANCE IN REAR. APPLICATION TO RELOCATE CHECK-OUT AND BEER CHEST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600094

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APPLE NEW ENGLAND LLC

DOING BUSINESS AS APPLEBEE'S NEIGHBORHOOD GRILLE & BAR

ADDRESS 95 MIDDLESEX ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: REID, KEITH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600098

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH CROWLEY

DOING BUSINESS AS PISA PIZZA

ADDRESS 133 PEARL STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: CROWLEY,  
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEWLY RENOVATED 100 SEAT RESTAURANT WITH 8'X 22' KITCHEN ADDITION AND  
HANDICAPPED BATHROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600099

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAIGON NOODLE, INC

DOING BUSINESS AS SAIGON NOODLE

ADDRESS 381 MAIN ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: LUU, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING AREA, CASHIER AREA, TWO RESTROOMS, KITCHEN, STORAGE CELLAR. ONE  
ENTRANCE FROM MAIN ST AND ONE EXIT FROM REAR DOOR OF KITCHEN LEADING  
FROM KITCHEN TO ALLEY/DRIVEWAY ONTO IRVING ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600100

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MONAGHAN CORP, INC

DOING BUSINESS AS HUGH O'NEILL'S

ADDRESS 45 PLEASANT ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: BROGAN,  
RONALD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT...INCREASING OUTDOOR PATIO SEATING FROM 20 TO 40 PERSONS PER PLAN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600101

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ABRUZZO CLUB, INC.

DOING BUSINESS AS CLUB ITALIA

ADDRESS 175 MAPLEWOOD STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER:

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600103

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POTENZA, INC.

DOING BUSINESS AS PASTA MARKET CAFE

ADDRESS 245 FERRY STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: MANCANELLO, PRISCO

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

patio area in front, 30x30, five tables

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600106

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KHALID N. MAHMOOD

DOING BUSINESS AS SUMMER STREET FRUIT

ADDRESS 72 SUMMER ST

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: MAHMOOD,  
KHALID N.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600109

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOOLUN, INC.

DOING BUSINESS AS FULON RESTAURANT

ADDRESS 375 MAIN STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: TSOU, DANIEL  
SPENSER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600110

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MASSIMO INC.

DOING BUSINESS AS MASSIMO RISTORANTE

ADDRESS 157 PLEASANT STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: TURCO, NANCY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

FULL SERVICE, SIT DOWN RESTAURANT OF APPROX. 4000 S/F W/ STREET LEVEL  
CONSISTING OF MAIN DINING RM; KITCHEN, 2ND DINING RM/FUNCTION RM;  
LOUNGE/WAITING AREA; KITCHEN AND RESTROOMS. APPROX. 800 S/F IN BASEMENT W/  
PREP AREA, STORAGE AND EMPLOYEE RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600111

CITY OR TOWN **MALDEN**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **EXCHANGE STREET BISTRO LLC**

DOING BUSINESS AS **EXCHANGE STREET BISTRO**

ADDRESS **67 EXCHANGE STREET**

CITY/TOWN: **MALDEN**

STATE: **MA**

ZIP CODE: **02148**

MANAGER: **CARLINO, JOHN R.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**GROUND FLOOR RESTAURANT WITH FRONT AND REAR EXIT.**

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I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600112

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALL SEASONS TABLE LLC

DOING BUSINESS AS ALL SEASONS TABLE

ADDRESS 62-64 PLEASANT STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: TRAN, DOUGLAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 4500 S/F RECTANGULAR SINGLE STORY COMMERCIAL SPACE W/ FRONT ENTRANCE AND REAR ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600113

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R. F. A. MALDEN, INC.

DOING BUSINESS AS RYAN FAMILY AMUSEMENTS

ADDRESS 11 CHARLES STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: RYAN, DANIEL P. TYPE OF LICENSE: General on  
premise

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BOWLING ALLEY LOCATED AT 11 CHARLES STREET, MALDEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600114

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEREGIO,INC.

DOING BUSINESS AS SERENA

ADDRESS 18 LEBANON STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: LONGO,  
MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ITALIAN RESTAURANT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600116

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WALTHAM PUBS INC

DOING BUSINESS AS JOHN BREWER'S TAVERN

ADDRESS 7 HIGHLAND AVE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: HONEYCUTT,  
WILLIAM A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 5890 SQ. FT. FULL SERVICE RESTAURANT WITH APPROX. CAPACITY OF 225

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600118

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HEBESHA RESTAURANT LIMITED PARTNERSHIP

DOING BUSINESS AS HEBESHA RESTAURANT

ADDRESS 535A MAIN STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: WOLDEDAWIT,  
SOLOMON S.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600120

CITY OR TOWN **MALDEN**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **LISMARK CORPORATION**

DOING BUSINESS AS **RAVI'S PASTA AND PIZZERIA**

ADDRESS **KEEN, LISA MATARAZZO APPROX. 3600 SQ. FT. ROUGHLY  
SQUARE, SINGLE STORY STREET**

CITY/TOWN: **MALDEN**

STATE: **MA**

ZIP CODE: **02148**

MANAGER: **154-160**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**HIGHLAND AVE**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**APPROX. 3600 SQ. FT. ROUGHLY SQUARE, SINGLE STORY STREET LEVEL ESTABLISHMENT  
WITH ENTRANCE FACING HIGHLAND AVENUE AND TWO EXITS TO REAR OF PROPERTY.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600121

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARL F TANCREDI

DOING BUSINESS AS TWO PAISANS PIZZERIA

ADDRESS 390 MAIN STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: TANCREDI, CARL F. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50 SEAT PIZZERIA W/ 6 STOOL BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

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By:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600122

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JEC ENTERPRISES LLC

DOING BUSINESS AS JACK'S

ADDRESS 655 EASTERN AVENUE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: COLANGELI,  
JOHN E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3046 SF. APPROX. 100 PERSON CAPACITY...ITALIAN FAMILY STYLE RESTAURANT AND  
FUNCTION FACILITY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600123

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 270 MEDFORD STREET LLC

DOING BUSINESS AS DOCKSIDE AT RIVERVIEW

ADDRESS 270 MEDFORD STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: URBACZEWSKI, LISA M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5464 SQ FT PREMISES CONTAINING KITCHEN, BAR, DINING AREAS ALCOHOL WILL BE SERVED IN THE DINING AREA AND BAR AREA, TOTAL APPROX. SQ FT OF SERVICE AREA TO BE 4500 SQ FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600124

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DISTRICT #7 INC.

DOING BUSINESS AS DISTRICT 7

ADDRESS 139 PLEASANT STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: WALSH III,  
THOMAS P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2000 SQ FT, STREET LEVEL COMMERCIAL BUSINESS FRONT WITH MAIN  
ENTRANCE ON PLEASANT STREET AND EXIT AT REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600126

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D'ORO FOODS INC.

DOING BUSINESS AS DOM'S SAUSAGE

ADDRESS 10 RIVERSIDE PARK

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: VENDICE, JANET

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY GROUND LEVEL COMMERCIAL STORE FRONT APPROX. 2800 SQ FT WITH  
2 ENTRANCES/EXITS FACING RIVERSIDE PARK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600127

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AUM CONVENIENCE INC.

DOING BUSINESS AS QUARRYSTONE CONVENIENCE

ADDRESS 10 OVERLOOK RIDGE DRIVE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: PATEL, JAIMINA B.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2000 SQ FT GROUND LEVEL COMMERCIAL STORE FRONT WITH FRONT ENTRANCE FACING OVERLOOK RIDGE DRIVE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600128

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIANTHY RESTAURANT INC.

DOING BUSINESS AS PHO HOA RESTAURANT

ADDRESS 8 PLEASANT STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: NGUYEN, BRIAN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2700 SQ FT ON GROUND FLOOR WITH ENTRANCE ON PLEASANT STREET WITH REAR  
DOOR HAVING ACCESS TO DELIVERY ENTRANCE ON EXCHANGE STREET...STORAGE  
UNIT IN THE BASEMENT, ADD SIDEWALK CAFÉ - 12 TABLES SEATING FOR 48 PATRONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600129

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CLUB ADRIATIC, INC

DOING BUSINESS AS CLUB ADRIATIC, INC.

ADDRESS 166 EASTERN AVENUE

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: DVANAJSCAK, DA TYPE OF LICENSE: Club  
VOR

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600130

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOSSA NOVA RESTAURANT CORP

DOING BUSINESS AS BOSSA NOVA RESTAURANT

ADDRESS 290 MAIN STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: GONCALVES,  
CLAYTON  
CLEUDO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,027 SQ FT ONE STORY RECTANGULAR SHAPED BUILDING. THE FRONT ENTRANCE IS AT THE CORNER OF CHARLES STREET AND MAIN STREET. THERE IS AN EXIT ON THE CHARLES SIDE OF THE BUILDING AND THERE IS AN EXIT INTO A PARKING AREA IN THE REAR OF THE BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600133

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME:

DOING BUSINESS AS

ADDRESS

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 064600134

CITY OR TOWN MALDEN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LA PLAZA, INC

DOING BUSINESS AS GUADALAJARA

ADDRESS 2 FLORENCE STREET

CITY/TOWN: MALDEN

STATE: MA

ZIP CODE: 02148

MANAGER: DEJESUS  
MORENO, FELIPE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2,450 SQ.FT. LOCATED AT 2 FLORENCE STREET, MALDEN MA WITH ENTRANCE AT FRONT LEFT ON PREMISES EXIT AT REAR OF KITCHEN AREA, DINING ROOM WITH SEATING, RESTAURANT KITCHEN AND BAR TOGETHER WITH PATIO AT FRONT OF PREMISE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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By:

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DATE: